Scl	hedule E)		PAGE 1 OF 39 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination
-	•		12 01 7 2014
Ì	Mailing Address 9425 Jessica Drive		Amount
1	City State	Zip Code	42.50
	Shreveport LA	71106	Transaction ID : 37c6c7e5-c817-4eac-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	501958.96	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	Gary W Fuhrmann		12 01 / 2014
	Mailing Address 9425 Jessica Drive		Amount
ŀ	City State	Zip Code	9.90
	Shreveport LA	71106	Transaction ID : bf253700-cedb-461f-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	12 / 01 / 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	501958.96	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a	(a) SUBTOTAL of Itemized Independent Expenditures		52.40
(1	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
(0	c) TOTAL Independent Expenditures		. •
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
		nically Filed] Date	9 12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	II EXI END	TOTILO		PAGE 2 OF 39 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	vomen Speak Out PAC					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y		
Full Name of Payee			Date of Po	ublic Distribution/Dissemination		
Warren Gravois			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 16005 7th St			Amount			
City	State	Zip Code		45.00		
Pearlington	MS	39572		on ID: b5151e34-aaff-4bca-a isbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M 12	01 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	5	501958.96	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶		
Full Name of Payee			Date of P	ublic Distribution/Dissemination		
Warren Gravois			M 12	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 16005 7th St			Amount			
City	State	Zip Code		25.50		
Pearlington	MS	39572		in ID: 5831d245-9889-404e-a isbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	12	01 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, , ,	501958.96	Disbursement Fo	or:		
(a) SUBTOTAL of Itemized Independent Expenditur	es			70.50		
(-,,,,,,,,,,				7 7 7		
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	7 1 7 1 7		
(c) TOTAL Independent Expenditures			•	4		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		2014		
- 9						

Schedule E)	NI EXI END	ITOTILO		PAGE 3 OF 39 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	vomen Speak Out PAC					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y		
Full Name of Payee			Date of Pub	lic Distribution/Dissemination		
Lesley Lennox			12	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2305 Cleary Ave			Amount			
City	State	Zip Code		15.00		
Metairie	LA	70001		ID: bfe35c27-9b64-43fb-b oursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M 12	01 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, ,	501958.96	Disbursement For: 2014 Other (s	Primary		
Full Name of Payee			Date of Pub	lic Distribution/Dissemination		
Lesley Lennox			12	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2305 Cleary Ave			Amount			
City	State	Zip Code		3.00		
Metairie	LA	70001		ID: 968ec732-f721-48b1-b oursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M 12	01 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	7	501958.96	Disbursement For: 2014 Other (s	Primary X General		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			18.00		
				75		
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	4		
(c) TOTAL Independent Expenditures			•	79.		
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 03	2014		
- 3						

Schedule E)	NDENT EXTEND	TOTILO		PAGE 4 OF 39 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼		
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Taylor De Julian-Hernandez			12 /	01 / 2014		
Mailing Address 284 Cr 1401			Amount			
City	State	Zip Code		50.00		
Carthage	TX	75633		D: ac428c05-fd69-437c-9 ursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	12	01 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	5	01958.96	Disbursement For: 2014 Other (sp	Primary		
Full Name of Payee			Date of Public	c Distribution/Dissemination		
Taylor De Julian-Hernandez			12	01 2014		
Mailing Address 284 Cr 1401			Amount			
City	State	Zip Code		42.00		
Carthage	TX	75633		D: 2b4a1b1d-51b6-41b9-8 ursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	12	01 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶		
(a) SUBTOTAL of Itemized Independent Ex	penditures			92.00		
	•		7	4		
(b) SUBTOTAL of Unitemized Independent	Expenditures		>	4		
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	12 / 03	2014		
	[Electroni	ically Filed] Date				

Schedule E)	DEI ENDEN. EX. E	10.120		PAGE 5 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48	-hour report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Beau Autin			Date of Publi	c Distribution/Dissemination
Mailing Address 345 Auroura Ave			12	01 / 2014
Ma9 7.000.000 340 Autouta Ave			Amount	
City	State	Zip Code		40.00
Metairie	LA	70006		ID: 1eb1b5a8-73b6-423b-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	t 5	501958.96	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Beau Autin			12	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Av				01 2014
			Amount	
City	State	Zip Code		1.77
Metairie	LA	70006		D : ee330671-80b0-49f4-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	ıt	501958.96	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent	ndent Expenditures		•	41.77
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		• •	7 1 2
(c) TOTAL Independent Expenditur	es		•	
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed] Date	12 03	/ Y Y Y Y Y 2014
Signature		_		

Schedule E)		JEINI EXI END			PAGE 6 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if X 24-hour r	report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payer Tammay Wil					of Public Distribution/Dissemination
Mailing Address 92	24 N. Prieur St			Amou	12 01 2014
City		State	Zip Code		80.00
New Orleans		LA	70116		action ID : 6c9cbc70-e212-4bf8-b of Disbursement or Obligation
Purpose of Expend Salary	liture		Category/ Type 001		12 / D1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal C	Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrie	eu		Oppose	Preside	
Calendar Year Per Election fo	-To-Date or Office Sought	, ,	501958.96	Disbursemen 2014 O	t For: Primary
Full Name of Paye Tammay Willi Mailing Address					of Public Distribution/Dissemination
				Amou	nt
City New Orleans		State LA	Zip Code 70116		18.00 Iction ID : 75405899-ec45-4738-8 of Disbursement or Obligation
Purpose of Expend Mileage	liture		Category/ Type 002		12 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal C	Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrie	eu		Oppose	Preside	
Calendar Year Per Election fo	-To-Date or Office Sought		501958.96	Disbursemen 2014	t For: Primary
(a) SUBTOTAL of It	temized Independent Exper	nditures			98.00
(b) SUBTOTAL of U	Jnitemized Independent Exp	oenditures			
(c) TOTAL Independ	dent Expenditures			· ·	
with, or at the reque		indidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Em	ily Buchanan	[Electron	ically Filed] Date	e 12	03 / 2014
Signature					

Schedule E)	INT EXI END	ITOTIES		PAGE 7 OF 39 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y		
Full Name of Payee Antoinette Franklin			M = M	ic Distribution/Dissemination		
Mailing Address 8822 Apple St			Amount	01 2014		
City	State	Zip Code		60.00		
New Orleans	LA	70188		ID: 0e2167e6-25cb-4764-a pursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	12	/ 01 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose		Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (s	Primary		
Full Name of Payee			Date of Pub	lic Distribution/Dissemination		
Antoinette Franklin			12	01 2014		
Mailing Address 8822 Apple St			Amount			
City	State	Zip Code		15.00		
New Orleans	LA	70188		ID: 36737531-d621-4032-b oursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	12 N	01 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose		Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (s	Primary X General Specify) ►		
(a) SUBTOTAL of Itemized Independent Expendent	tures			75.00		
(b) SUBTOTAL of Unitemized Independent Expe	nditures					
				- 1 AP- 1 AP-		
(c) TOTAL Independent Expenditures			>	49.		
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 03	2014		
- 3						

Schedule E)	IVI EXI EIVE	ITOTILO		PAGE 8 OF 39 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼		
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y		
Full Name of Payee			Date of Pub	lic Distribution/Dissemination		
Sheri J Peace			M 12	01 / 2014		
Mailing Address 9685 Paula St			Amount			
City	State	Zip Code		100.00		
Keithville	LA	71047		ID: 28a83f1f-92d1-4037-9 oursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	12	01 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	5	501958.96	Disbursement For: 2014 Other (s	Primary		
Full Name of Payee			Date of Pub	lic Distribution/Dissemination		
Sheri J Peace			12	01 2014		
Mailing Address 9685 Paula St			Amount			
City	State	Zip Code		50.40		
Keithville	LA	71047		ID: ed3bf9b0-d8aa-4fb4-a oursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M 12	01 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	7 7	501958.96	Disbursement For: 2014 Other (s	Primary X General Specify) ►		
(a) SUBTOTAL of Itemized Independent Expendit	ıres			150.40		
			-	7		
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7		
(c) TOTAL Independent Expenditures)			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 03	2014		
~						

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on MMMM / DDD / YTYTY
Full Name of Payee Windy Hageman	Date of Public Distribution/Dissemination
, ,	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5521 Randolph St.	Amount
City	te Zip Code 40.00
Marrero LA	A 70072 Transaction ID: 4944a268-1839-43e1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 12 01 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Windy Hageman	Date of Public Distribution/Dissemination
Mailing Address 5521 Randolph St.	12 01 2014 Amount
City Sta	ate Zip Code 3.60
Marrero LA	A 70072 Transaction ID: 9d367343-95be-41c6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 12 01 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	43.60
(b) SUBTOTAL of Unitemized Independent Expenditures.	······································
(c) TOTAL Independent Expenditures	······································
	spenditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political t.
Ms. Emily Buchanan	[Electronically Filed] Date 12 03 2014
Signature	

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Schedule E)				PAGE 10 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	= M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Amanda Boley				of Public Distribution/Dissemination
Mailing Address Split Oak Drive			lvs	12 01 2014
Spill Oak Drive			Amour	nt
City	State	Zip Code		91.50
charlotte	NC	28227		action ID: 88f8ca83-cceb-4371-8 If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 01 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement 2014 Of	For: Primary
Full Name of Payee				of Public Distribution/Dissemination
Amanda Boley				-M / D D / Y Y Y Y
Mailing Address Split Oak Drive			L	12 01 2014
Opin Oak Diffo			Amou	nt
City	State	Zip Code		26.43
charlotte	NC	28227		ction ID: 0992976b-304d-4c77-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		12 01 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			· •	117.93
(b) SUBTOTAL of Unitemized Independent Expenditure	'es			
(c) TOTAL Independent Expenditures				7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	12	03 2014
Signature		_		

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC ID	DENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M	M /	D D /	YIYIY
П	Full Name of Payee	Date of	Public	c Distribution/	Dissemination
	Heather Ainsworth	M 1	2 /	01	2014
	Mailing Address 9685 Paula St	Amount	:		
	City State Zip Code	Г.			80.00
	Keithville LA 71047			ID: f87a42db	-43e0-48a5-9
	Purpose of Expenditure Salary Category/ Type 001	M	2	01	2014
	Name of Federal Candidate Support Office	Sought:		House	District:00
	Ms. Mary L Landrieu	Presiden	nt	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut	rsement		Primary pecify) ▶	General
	Full Name of Payee				/Dissemination
	Heather Ainsworth	M	M /	/ DISTRIBUTION,	2014
	Mailing Address 9685 Paula St	Amount	_		
	City State Zip Code	Г.			34.50
	Keithville LA 71047			D: c1dc6d3a	-8b1c-4e21-b
	Purpose of Expenditure Mileage Category/ Type 002	M	2 M	01	2014
	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Mary L Landrieu Oppose	Presider	nt	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures		7	· · · ·	114.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7-		
	(c) TOTAL Independent Expenditures		-7-	1 - 25	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	2 /	03	/ Y Y 201	4
	Signature			4	

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Schedule E)	itt Exi Eitb	ITORES	F	PAGE 12 OF 39 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼		
Women Speak Out PAC	vomen Speak Out PAC					
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Noah J Smith			M 12 /	01 / 2014		
Mailing Address 41174 Bertville Rd			Amount			
City	State	Zip Code		10.00		
Gonzales	LA	70737		: c907cca8-3520-4df9-8 sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	12	01 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	;	501958.96	Disbursement For: 2014 Other (spe	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Paul Sutphen			12	01 / 2014		
Mailing Address 9 Rhine Drive			Amount			
City	State	Zip Code		60.00		
Kenner	LA	70065		: 3b58a08d-99e5-4829-8 sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	12	01 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	7	501958.96	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	70.00		
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•			
(c) TOTAL Independent Expenditures			>	4		
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 03	2014		
•						

Schedul	e E)	· · · · · · · · · · · · · · · · · · ·	101120		PAGE 13 OF 39 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ = M / D = D / Y = Y = Y = Y
Full Na	me of Payee			Date	of Public Distribution/Dissemination
	Sutphen				12
Mailing	Address 9 Rhine Drive			Amou	unt
City		State	Zip Code	$-\Gamma$	7.65
Kenne	г	LA	70065		saction ID: 16106b5c-4d3d-465a-b of Disbursement or Obligation
Purpos Mileag	e of Expenditure le		Category/ Type 002		12 01 7 2014
Name	of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Ma	ary L Landrieu		X Oppose	Presid	ent Senate State: LA
-	alendar Year-To-Date er Election for Office Sought	5	01958.96	Disbursemer 2014	nt For:
	ame of Payee	_		Date	of Public Distribution/Dissemination
Zach	nary Vidrine				12 01 2014
Mailing	Address 202 Rue Des Cajun				
				Amou	unt
City		State	Zip Code		40.00
Ville F		LA	70586		action ID: b6105a37-e58b-471c-8 of Disbursement or Obligation
Purpos	e of Expenditure		Category/ Type 001		12 / 01 / 2014
Name	of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. M	ary L Landrieu		X Oppose	Presid	dent Senate State: LA
	alendar Year-To-Date er Election for Office Sought	7 7	501958.96	Disbursemer 2014	nt For:
(a) SUE	STOTAL of Itemized Independent Expenditur	es		·· •	47.65
(b) SUE	STOTAL of Unitemized Independent Expendent	itures		· •	7 1 7 1 7 1
(c) TOT	AL Independent Expenditures			•	7
with, or	enalty of perjury I certify that the independ at the request or suggestion of, any candid mmittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	03 2014
Signa	ature		_ Build		

Schedule E)	IN EXILIND			PAGE 14 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			L	0 00000700
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Zachary Vidrine			1	2 01 2014
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		15.90
Ville Platte	LA	70586		ction ID: b0344e69-1614-4cab-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Christopher Marquess				2 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount	
City Ville Platte	State LA	Zip Code 70586		55.00 tion ID : 80fda4af-71f3-4d50-b
Purpose of Expenditure		Category/ 004		Disbursement or Obligation
Salary		Type 001		2 01 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presiden	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement 2014 Oth	For: Primary ☐ General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		· -	70.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	
(c) TOTAL Independent Expenditures			·· •	7 7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		03 2014
Signature	-		ا لتا ا	

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher Marquess		12
Mailing Address 110 W Pecan St		Amount
City	State Zip Code	37.80
Ville Platte		Transaction ID: 76d5d051-b7d6-4b71-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District:00
Ms. Mary L Landrieu		President State: LA
Calendar Year-To-Date Per Election for Office Sought	501958.96 Disburs 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee Bobbie M Steinsholt Mailing Address 3009 Skelly St		Date of Public Distribution/Dissemination 12 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	80.00
Shreveport	LA 71107 T	ransaction ID : 77bbef83-61a6-473c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	12 / 01 / 2014
Name of Federal Candidate	Support Office S	Sought: House District:00
Ms. Mary L Landrieu	∑ Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	501958.96 Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.	· [117.80
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 12	03 2014
Signature		

PAGE

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Schedule E)	L /(1 L /(2)			PAGE 16 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 23333.53
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Maegan E McDaniel				of Public Distribution/Dissemination
				12 01 2014
Mailing Address 3009 Skelly St			Amour	nt
City	State	Zip Code	ΗГ.	80.00
Shreveport	LA	71107		action ID : ffbf0917-652a-4210-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	501958.96	Disbursement 2014 Ot	t For: Primary
Full Name of Payee				of Public Distribution/Dissemination
Maegan E McDaniel			М	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3009 Skelly St			Amou	nt
City	State	Zip Code		25.20
Shreveport	LA	71107		ction ID: 29714f52-6144-4f12-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	12 01 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	3		· •	105.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	
(c) TOTAL Independent Expenditures			· .	7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	12	03 2014
Signature				

Schedule E)	I EXI EIID			PAGE 17 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Joneisha Stewart			M	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr			Amoun	t
City	State	Zip Code		60.00
Marrero	LA	70072		action ID : ae497071-408a-4859-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	5	501958.96	Disbursement 2014 Ot	For: Primary ⊠ General her (specify) ►
Full Name of Payee			Date o	f Public Distribution/Dissemination
Joneisha Stewart				M / D D / Y Y Y Y
Mailing Address 2329 Runnymede Dr				12 01 2014
Mailing Address 2329 Runnymede Dr			Amour	nt
City	State	Zip Code		12.00
Marrero	LA	70072	Transac Date o	ction ID: e76c0144-11c0-4eb5-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		12 01 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	501958.96	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUPTOTAL of Itamized Independent Evpanditure	00			72.00
(a) SUBTOTAL of Itemized Independent Expenditure	38		•	72.00
(b) SUBTOTAL of Unitemized Independent Expendi	iures		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	12	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jessica R Resendiz	12 01 2014
	Mailing Address 9685 Paula St	Amount
	City State Zip Code	80.00
	Keithville LA 71047	Transaction ID : 28ea313c-937b-48fb-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	504050.00	ursement For: Primary Keneral
	Per Election for Office Sought 501958.96 2014	Other (specify) ▶
	Full Name of Payee Jessica R Resendiz	Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St	12 01 2014
	Mailing Address 9685 Paula St	Amount
	City State Zip Code	32.40
	Keithville LA 71047	Transaction ID: 23d75c3c-a182-437b-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	12 01 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	112.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 4 1
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		2 03 2014
	Signature	

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Schedule E)	INI EXI END	ITOTILO		PAGE 19 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Patricia F Árnold			12	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1117 Clipper Dr			Amount	
City	State	Zip Code		18.00
Slidell	LA	70458		D: 067782a9-eebd-4a21-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Ę	501958.96	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Patricia F Arnold			12 /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1117 Clipper Dr			Amount	
City	State	Zip Code		2.01
Slidell	LA	70458		: 7567f023-fc64-4b13-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			20.01
(4)			7	7
(b) SUBTOTAL of Unitemized Independent Expense	nditures		>	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 03	2014
-				

Schedule E)	VI EXI END	ITOTILO		PAGE 20 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Debra Lindsey			12	01 / 2014
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		60.00
Slidell	LA	70461		ID: 2fefc67c-dffe-4691-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	501958.96	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee	_		Date of Publi	c Distribution/Dissemination
Debra Lindsey			12	01 2014
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		21.00
Slidell	LA	70461		D: 9761b811-eeac-4d9f-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 12	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	501958.96	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			81.00
(4)			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candio party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 03	2014
-				

Schedule E)	INI EXI END	TOTILO		PAGE 21 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Joshua E Sherman			M = M	olic Distribution/Dissemination
Mailing Address 119 Goldenwood Dr			Amount	01 2014
City	State	Zip Code		60.00
Slidell	LA	70461		n ID : 1188a294-012a-43f8-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee Joshua E Sherman			Date of Pub	olic Distribution/Dissemination
Joshua E Sherman			12	01 / 2014
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		21.00
Slidell	LA	70461		ID: 3d523c13-c86f-4701-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	81.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •	
				7 7
(c) TOTAL Independent Expenditures			•	7 4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 03	
-				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Alice K Salazar	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 605 W Houston St	Amount
	City State Zip Code	70.00
	Marshall TX 75633	Transaction ID : cc9f616b-8e59-4ef3-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	12
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	504050.00	rrsement For: Primary X General
	Per Election for Office Sought 2014	Other (specify)
	Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination
	Mailing Address 605 W Houston St	12 01 2014 Amount
	City State Zip Code Marshall TX 75633	50.40 Transaction ID : bab70bd9-8587-462d-9
		Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	12 01 7 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	120.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	
	Signature	

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Schedule E)	DENT EXTEND	TOTILO	⊢	PAGE 23 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	rt New repo	ort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Jeremiah E Sherman			M M /	Distribution/Dissemination
Mailing Address 119 Goldenwood Dr			Amount	01 2014
City	State	Zip Code		60.00
Slidell	LA	70461		0 : de407bff-4e99-458c-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	5	01958.96	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Jeremiah E Sherman			Date of Public	Distribution/Dissemination
			12	01 / Y Y Y Y Y Y Y Y
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		21.00
Slidell	LA	70461		: b7bda586-e6b7-425a-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			81.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
			7	7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 03	2014
5.g. (a.a.)				

Schedule E)				PAGE 24 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Lilly Green			M	
Mailing Address 205 Medallion Circle			Amount	2 01 2014
City	State	Zip Code		60.00
Shreveport	LA	71119		tion ID: 623e2715-9f06-4c7a-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	501958.96	Disbursement F 2014 Othe	or:
Full Name of Payee Lilly Green			M	
Mailing Address 205 Medallion Circle			Amount	2 01 2014
City	State	Zip Code		57.00
Shreveport	LA	71119	Transacti Date of	on ID : 5f72703d-5357-46e5-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 12	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	501958.96	Disbursement F 2014 Othe	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			117.00
(b) SUBTOTAL of Unitemized Independent Expendit	tures			7 1 7 1 7 1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Sch	edule E)	L/(1 L.(12.	101120				PAGE 25 OF 39 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC						C00530766
Check	k if X 24-hour report 48-hour report	New repo	ort Amer	nds repo	rt filed on	M /	D = D / Y = Y = Y
	Gregory Green					of Public	c Distribution/Dissemination
M	Mailing Address 2506 Bolch Street				Amou	12	01 2014
	Sity S	State	Zip Code				80.00
	Shreveport	LA	71104				ID: 3ea20606-1d29-41ea-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		12	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Su	pport	Office Sough	nt:	House District: 00
N	Ms. Mary L Landrieu			ppose	Presid	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	5	501958.96		Disbursemer 2014	nt For: Other (sp	Primary
	Gregory Green					of Public	c Distribution/Dissemination
N	Mailing Address 2506 Bolch Street				Amou		<u> </u>
С	City	State	Zip Code				58.50
	Shreveport	LA	71104				D: 2f8405dd-1a20-45c5-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		12	01 2014
N	Name of Federal Candidate		Su	upport	Office Sough	nt:	House District: 00
	Ms. Mary L Landrieu		X Op	pose	Presid	ent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		501958.96		Disbursemer 2014		Primary X General
(a)) SUBTOTAL of Itemized Independent Expenditures				•	-	138.50
(b)) SUBTOTAL of Unitemized Independent Expenditure	es			. •	1 7	1 1 2 1 2 1
(c)) TOTAL Independent Expenditures				· [-	1 1 7 1 1 7 1
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron:	ically Filed]	Date	12	03	2014
	Signature						-

Schedule E)	IN EXIEND	ITOTILO		PAGE 26 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D D / Y T Y T Y
Full Name of Payee Heather A Smith			Date of Public	Distribution/Dissemination
Mailing Address 995 Clairborne Rd			12	01 2014
			Amount	
City	State	Zip Code		23.00
Calhoun	LA	71225		D: 4cf669b7-01c0-4484-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u></u>
Calendar Year-To-Date Per Election for Office Sought	;	501958.96	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Heather A Smith			12	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 995 Clairborne Rd			Amount	
City	State	Zip Code		6.00
Calhoun	LA	71225		: 2ed387d1-1418-45b2-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			29.00
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 03 03	2014
Signaturo				

Schedule E)	INI EXI END	ITORES		PAGE 27 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Billy Martin			M 12	01 / 2014
Mailing Address 250 Js Brewton RD			Amount	
City	State	Zip Code		50.00
Goldonna	LA	71031		ID: 291733bd-72e7-40b1-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	ξ	501958.96	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Billy Martin			12	01 2014
Mailing Address 250 Js Brewton RD			Amount	
City	State	Zip Code		4.50
Goldonna	LA	71031		D: 0eb31e82-6b4f-4a5e-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	501958.96	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			54.50
			-	4 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7
(c) TOTAL Independent Expenditures			•	79. 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 03	2014
- 3				

Schedule E)	LAFLINDI	TONES		PAGE 28 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee ERIC TABARY			M	Public Distribution/Dissemination
Mailing Address 6101 NORA ST			Amoun	12 01 2014 t
City	Ctata	7:n Onda		00.00
City METAIRIE	State LA	Zip Code 70003	Transa	60.00 ction ID : 0bafc890-514f-43e5-9
Purpose of Expenditure Salary		Category/ 001	M	f Disbursement or Obligation
		Type 001		
Name of Federal Candidate		Support	Office Sought:	
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	01958.96	Disbursement 2014 Oth	For:
Full Name of Payee			Date o	f Public Distribution/Dissemination
ERIC TABARY				12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST			Amoun	t
City	State	Zip Code		4.20
METAIRIE	LA	70003		ction ID: 85a3a8c8-d2d6-49f6-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		12 01 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	501958.96	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	64.20
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	12	03 / 2014
Signature				

Schedule E)	. .			PAGE 29 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Aaron R Cowart				f Public Distribution/Dissemination
Mailing Address 184 South Military Rd			Amoun	12 01 2014 t
City	State	Zip Code		35.00
City Slidell	LA	70458		action ID: 219ef49f-b286-4430-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	12 01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	5	501958.96	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Aaron R Cowart				f Public Distribution/Dissemination
Mailing Address 184 South Military Rd				12 01 2014
City	State	Zip Code		3.00
Slidell	LA	70458		tion ID : fa72af07-7321-4743-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	12 01 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	nt X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	501958.96	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure:	S		,	38.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		. ,	
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 12	03 2014
Signature		_		

Schedule E)			TOTILO		PAGE 30 OF 39 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
Check if X 24-h	nour report 48-hour r	report New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Rebecca	Payee A Calvert			M	of Public Distribution/Dissemination
Mailing Addre	SS 20116 Medus St			Amour	12 01 2014 nt
City		State	Zip Code		27.50
Covington		LA	70435		action ID : 7b24ca49-c530-470a-b of Disbursement or Obligation
Purpose of Ex Salary	xpenditure		Category/ Type 001	M	12 01 2014
Name of Fed	eral Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L La	andrieu		X Oppose	Preside	ent Senate State: LA
	Year-To-Date tion for Office Sought	5	01958.96	Disbursement 2014 Ot	t For: Primary X General
Full Name of Rebecca				M	of Public Distribution/Dissemination
Mailing Addre	20116 Medus St			Amour	
City		State	Zip Code		9.00
Covington		LA	70435	Transa Date o	ction ID : d75a8c77-ce40-460f-b of Disbursement or Obligation
Purpose of E Mileage	xpenditure 		Category/ Type 002		12 / 01 / 2014
Name of Fed	eral Candidate		Support	Office Sough	t: House District:00
Ms. Mary L L	andrieu		X Oppose	Preside	
	r Year-To-Date tion for Office Sought		501958.96	Disbursement 2014	t For: Primary X General ther (specify) ▶
(a) SUBTOTAI	L of Itemized Independent E	Expenditures		· [36.50
(b) SUBTOTAI	L of Unitemized Independer	nt Expenditures			
(c) TOTAL Ind	lependent Expenditures			· [
with, or at the		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
<i>M</i>	Is. Emily Buchanan	[Electroni	ically Filed] Date	12	03 2014
Signature					

Scl	hedule E)	71101120		PAGE 31 OF 39 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	
Che	eck if X 24-hour report 48-hour report New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
_		, mende repe	THE HIGH ON	
١	Full Name of Payee Daniel Calvert		Date of P	ublic Distribution/Dissemination / 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 20116 Medus St		Amount	
ŀ	City State	Zip Code		27.50
	Covington LA	70435		on ID : 1c0b46ae-bc2f-4e1c-b isbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	12	01 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	501958.96	Disbursement Fo	or:
Γ	Full Name of Payee		Date of P	ublic Distribution/Dissemination
١	Peter A Calvert		M N	
ľ	Mailing Address 20116 Medus St			2011
١			Amount	
ľ	City State	Zip Code		27.50
	Covington LA	70435	Transaction Date of D	on ID: d9bbcc7a-f3d1-4101-9 bisbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	12	01 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	501958.96	Disbursement Fo	or: Primary X General · (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		· •	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures		· •	7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures		·	7 7 7
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize earty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date		03 2014
	Signature			

Schedule E)	KI ENDITORIES	PAGE 32 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination
Mailing Address 29637 Park St		12 01 2014 Amount
City Stat	e Zip Code	55.00
Walker LA	•	Transaction ID : 221b7957-66da-464c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	12 01 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Ryan Drake		12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St		Amount
City Stat	te Zip Code	15.00
Walker LA	·	Transaction ID : 4abd6e74-9bc2-44b6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	12 01 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		70.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	EXI END	TOTILO				PAGE 33 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Ame	ends repo	rt filed on	= M /	D = D / Y = Y = Y = Y
Full Name of Payee Hannah J Landry					- M	c Distribution/Dissemination
Mailing Address 1110 N Coolidge				Amou	12 nt	01 2014
City	State	Zip Code				100.00
Gonzales	LA	70737				ID: e74929bd-21c9-4f40-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		12 M	01 / 2014
Name of Federal Candidate		s	upport	Office Sough	t:	House District: 00
Ms. Mary L Landrieu			ppose	Preside		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		01958.96		Disbursemen 2014 O		Primary X General Decify) ▶
Full Name of Payee				Date	of Publi	c Distribution/Dissemination
Hannah J Landry				T.	12	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 N Coolidge				Amou		2017
City	State	Zip Code				19.71
Gonzales	LA	70737				D: 3053807b-31de-4c13-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		12 ^M	01 2014
Name of Federal Candidate		S	upport	Office Sough	t:	House District: 00
Ms. Mary L Landrieu)ppose	Preside	ent	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96		Disbursemer 2014 C		Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.				•		119.71
(b) SUBTOTAL of Unitemized Independent Expenditure	es					
					7	7 7
(c) TOTAL Independent Expenditures				•	-7-	1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	12	03	2014
Signature						

Schedule E)	IN EXILINE	on one o		PAGE 34 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Carl Brent			M = M	lic Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			Amount	01 2014
City	State	Zip Code		80.00
New Orleans	LA	70126		ID : e2c311bd-4aef-4f14-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Carl Brent			12	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		32.70
New Orleans	LA	70126	Transaction Date of Disk	ID: 48b64a56-4912-46f5-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (s	Primary
(a) CURTOTAL of Hamizad Indonendant Evrandi	turo			440.70
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	112.70
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·· •	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	e 12 03	2014
Signature				

Schedule E)		IXI LIVE	TOTILO		PAGE 35 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Fu					FEC IDENTIFICATION NUMBER ▼
Women Speak Out F	PAC				C C00530766
Check if 24-hour report	48-hour report	New repo	ort Amends re	port filed o	on Mam / Dad / Yayayay
Full Name of Payee Jeanne Tribou					Date of Public Distribution/Dissemination
Mailing Address 22369 Poi	- de sana Da				12 / 01 / 2014
22309 POI	nderosa Dr.				Amount
City	Sta	ate	Zip Code		30.00
Mandeville	L	.A	70471		Transaction ID : 92e0d4ea-b5fb-424d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 00	1	12 / 01 / 2014
Name of Federal Candidate	9		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu			X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office		5	01958.96	Disburs 2014	sement For: Primary
Full Name of Payee					Date of Public Distribution/Dissemination
Jeanne Tribou					12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 F	Ponderosa Dr.				12 01 2014
					Amount
City	Sta	ate	Zip Code		6.30
Mandeville	L	_A	70471		Transaction ID : b3983561-df53-4240-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002	2	12 / 01 / 2014
Name of Federal Candidate	е		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu			X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office			501958.96	Disbur 2014	sement For: Primary X General Other (specify) ▶
(a) CURTOTAL of the resident	Indopondent Cynes diture				20.22
(a) SUBTUTAL OF ITEMIZED	Independent Expenditures			▶	36.30
(b) SUBTOTAL of Unitemize	ed Independent Expenditures			···· •	
(c) TOTAL Independent Exp	penditures			····· >	
with, or at the request or su		r authorized			de in cooperation, consultation, or concert or (if the reporting entity is not a political
Ms. Emily Bucha	nan	[Electroni	cally Filed] Da	ate 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Schedule E)			1101120		PAGE 36 OF 39 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
Check if X 24-h	nour report 48-hour repor	rt New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Mary C L					of Public Distribution/Dissemination
	ss 1030 N Coolidge Ave			Amour	12 01 2014
				Ailloui	
City		State	Zip Code	Tropo	100.00
Gonzales		LA	70737		action ID: 0029c2fe-fb9b-4de6-8 of Disbursement or Obligation
Purpose of E	xpenditure		Category/ Type 001	M	12 01 7 2014
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L La	andrieu		X Oppose	Preside	ent Senate State: LA
	Year-To-Date tion for Office Sought		501958.96	Disbursement 2014 Of	t For: Primary X General
Full Name of	Payee				of Public Distribution/Dissemination
Mary C L	ee			М	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addre	ss 1030 N Coolidge Ave			Amou	
City		State	Zip Code		19.71
Gonzales		LA	70737	Transa Date o	ction ID : 710d210a-55bd-4aa7-9 of Disbursement or Obligation
Purpose of E Mileage	xpenditure		Category/ Type 002		12 01 2014
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L L	andrieu		X Oppose	Preside	ent Senate State: LA
	r Year-To-Date tion for Office Sought		501958.96	Disbursemen 2014 O	t For:
(a) SUBTOTAI	of Itemized Independent Expe	nditures			119.71
(b) SUBTOTAL	of Unitemized Independent Ex	penditures		. •	
(c) TOTAL Ind	ependent Expenditures			•	7 7 7
with, or at the		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	s. Emily Buchanan	[Electron	ically Filed] Date	12	03 2014
Signature					

Schedule E)	IDLINI EXPEND	ITORES	PAG	GE 37 OF 39 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				IFICATION NUMBER ▼
Women Speak Out PAC				30766
Check if X 24-hour report 48-hour repo	rt New rep	ort Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee Jenny N Brown				tribution/Dissemination
Mailing Address 1270 Lovelady Rd			12 Amount	01 2014
City	State	Zip Code		40.00
West Monroe	LA	71292	Transaction ID : bo	c5d91a7-5c54-4dae-8
Purpose of Expenditure Salary		Category/ Type 001	12 / D	01 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Mary L Landrieu		X Oppose		enate State: LA
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (specify)	Primary General
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Jenny N Brown			12 / D	01 2014
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		9.00
West Monroe	LA	71292	Transaction ID : 32 Date of Disbursem	818fc5-c60c-4924-9 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		01 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President X Se	
Calendar Year-To-Date Per Election for Office Sought		501958.96	Disbursement For: 2014 Other (specify)	Primary X General) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	49.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 03 /	2014
-				

Sche	edule E)	L /(1 L /(2)	1101120		PAGE 38 OF 39 FOR SE OF FORM 24/48	
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Wor	men Speak Out PAC				C C00530766	
Check	t if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y	
	Ill Name of Payee Felicia A Jones				of Public Distribution/Dissemination	
Ma	ailing Address 4106 Martha St			Amou	12 01 2014 unt	
Cit	itv	State	Zip Code		80.00	
- 1	Shreveport	·			Transaction ID : f95a145c-d684-4a05-a Date of Disbursement or Obligation	
	urpose of Expenditure Salary		Category/ Type 001	IV.	12 01 2014	
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00	
М	ls. Mary L Landrieu		X Oppose	Preside	lent Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	5	501958.96	Disbursemen 2014 O	nt For:	
	ull Name of Payee Felicia A Jones				of Public Distribution/Dissemination	
Ma	lailing Address 4106 Martha St			Amou	12 01 2014 unt	
Ci	ity	State	Zip Code		9.30	
	Shreveport	LA	71109	Transa Date	action ID : ce54fe0d-788e-447b-9 of Disbursement or Obligation	
	urpose of Expenditure Mileage		Category/ Type 002		12 / 01 / 2014	
	ame of Federal Candidate		Support	Office Sough	ht: House District: 00	
М	1s. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	501958.96	Disbursemer 2014	nt For: Primary X General Other (specify) ▶	
(a)	SUBTOTAL of Itemized Independent Expenditures	3			89.30	
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		-		
(c)	TOTAL Independent Expenditures			· ·		
with	der penalty of perjury I certify that the independen n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized				
_	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 12 /	03 2014	
,	Signature					

Schedule E)	TI EXI END	II OILEO		PAGE 39 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
a			M	M / D D / Y Y Y Y Y
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	_
Full Name of Payee Julia Perry			Date of	
Mailing Address 2046 Perrin St Apt C			Amount	2 01 201
City	State	Zip Code		100.00
Shreveport	LA 71101			tion ID: 9610ff17-cc51-450e-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	501958.96	Disbursement F 2014 Othe	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Julia Perry			1:	
Mailing Address 2046 Perrin St Apt C			Amount	
City	State	Zip Code		7.50
Shreveport	LA	71101	Transact Date of	ion ID : 1da05b18-f7dd-40fb-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	501958.96	Disbursement F 2014 Other	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	107.50
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •	7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			·	3090.38
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		03 2014
Signature		_		